

## Healthy Youth Survey Sees Greatest Decline in Teen Marijuana Use

The percentage of Washington 12th graders using marijuana has decreased more than the use of alcohol, tobacco and other drugs, according to the preliminary results of the 2004 Healthy Youth Survey, a statewide survey of teen behaviors and attitudes. There was also a decline in the number of students who reported ever using alcohol in their lifetime.

State Superintendent of Public Instruction Terry Bergeson, Secretary of the Department of Health Mary Selecky and new Secretary of Social and Health Services Robin Arnold-Williams joined Governor Gregoire in announcing the survey results in April.

"Overall, the results are promising, but the survey certainly shows that we must continue to invest in proven prevention strategies," Gregoire said. "With every new generation, we must continue to work hard to keep tobacco, alcohol and other drugs out of the hands of our youth."

More than 42 percent of 12th graders have used alcohol in the past 30 days, and even more alarming, one in four recently had five or more drinks in a row, risking alcohol poisoning, serious injuries, school failure, and alcoholism.

However, the survey responses also indicate prevention efforts are taking hold in the state. Fewer eighth-, 10th- and 12th-grade students reported having smoked marijuana during the 30 days prior to taking the survey than did so in 2002. The "lifetime" use numbers of students that had ever tried marijuana also dropped significantly for 12th graders. And, this year's survey responses indicate a large decrease from 2002 in the percent of 12th graders who have friends who use drugs, an important indicator of the risk of drug use.

"It's very good news that in all grades, marijuana use has come down – and especially so among 12th graders," noted Arnold-Williams.

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### Letters to the Editor

Please send questions, comments  
or suggestions for articles to:

**Deb Schnellman**  
(360) 438-8799  
email: [schneda@dshs.wa.gov](mailto:schneda@dshs.wa.gov)

### Prevention and Treatment Resources

DASA website: [www1.dshs.wa.gov/dasa](http://www1.dshs.wa.gov/dasa)

Chemical Dependency Professionals:  
<http://www.cdpcertification.org/default.asp>

Alcohol/Drug 24-Hour Helpline:  
1-800-562-1240  
[www.odhl.org](http://www.odhl.org)

Alcohol/Drug Prevention Clearinghouse:  
1-800-662-9111  
<http://clearinghouse.odhl.org>

Media Literacy:  
[www.teenhealthandthemedianet](http://www.teenhealthandthemedianet)

**DSHS Secretary**  
Robin Arnold-Williams

**DASA Director**  
Ken Stark

**Newsletter Editor**  
Deb Schnellman

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## Washington State Recognizes the Need for, and Value of, Treatment

By Ken Stark

With an historic \$46.5 million budget increase, alcohol/drug treatment for aged, blind and disabled populations is doubling over the 05-07 Biennium. Monies for the treatment of criminal justice (sentencing reform) clients are doubling as well. Treatment services for TANF families and youth also will realize significant growth.

Credible research and strong advocacy (from many individuals and groups) over many years has convinced decision-makers that not funding alcohol/drug treatment has many fiscal consequences by driving the cost of other public services up. Clearly, the data show that alcohol/drug treatment is effective at reducing crime, reducing utilization of acute care medical/psychiatric services, improving birth outcomes, and improving employment/earnings outcomes. Hence, from a public policy perspective, the state of Washington has recognized that funding alcohol/drug services is an investment in health care cost containment and public safety.

In addition to the treatment expansions mentioned above, the budget includes approximately \$20 million to create pilot sites to implement a new integrated crisis response system (including secure detox

facilities) in collaboration with mental health and aging/disabilities administrations, major rate increases for some residential treatment modalities, and expansion of our Parent Child Assistance Programs (support and advocacy for alcohol/drug dependent women with children).

Finally, \$1.5 million was appropriated to develop a limited problem/pathological gambling prevention and treatment system. Seven Tribes also contributed over \$550,000 toward treatment of problem/pathological gambling.

There is much to celebrate and many people to thank. However, our top priority is to meet the public expectations by effectively and efficiently implementing these new programs. With the help of counties, Tribes, providers and allied fields, we will continue to demonstrate the value of alcohol/drug prevention and treatment. 🐾

### DASA Named Outstanding Employer of the Year

DASA was recently honored as a 2004 Outstanding Employer of the Year at Morningside's annual awards dinner. This was a combined award with the DSHS Division of Vocational Rehabilitation "in recognition of our commitment to hiring people with disabilities and our successful integration of Kasey Leonard into our workplace". 🐾

**Healthy Youth Survey** continued from Front Cover

The survey also shows that youth smoking has dropped by nearly half since 1999. That means there are about 65,000 fewer young smokers statewide and about 13,000 youth will be spared an early death.

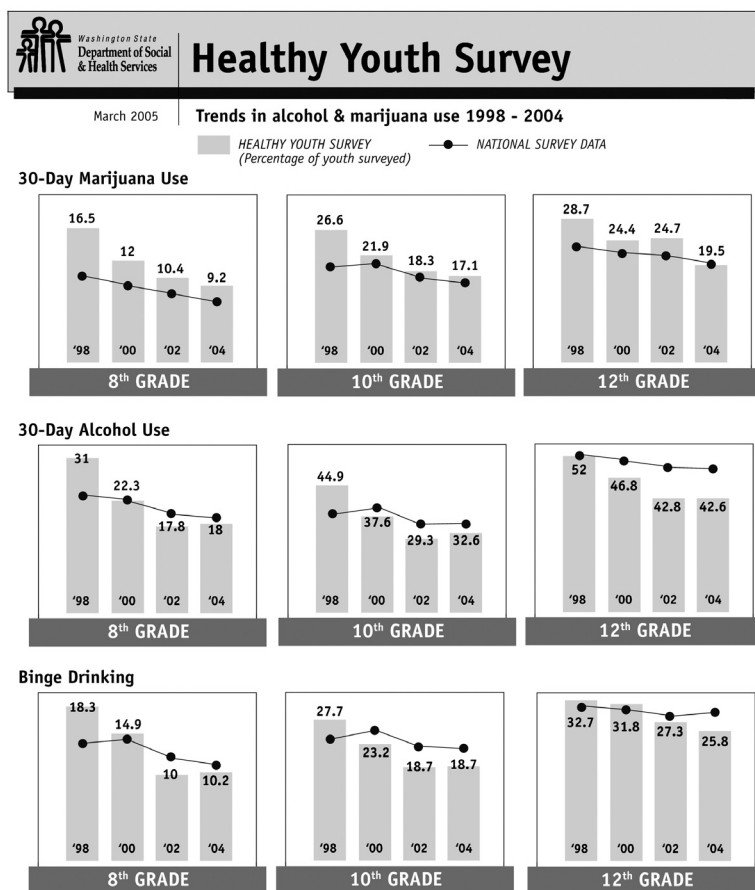
The Healthy Youth Survey is a collaborative effort by the Office of Superintendent of Public Instruction (OSPI), Department of Health (DOH), Department of Social and Health Services (DSHS) and the Department of Community, Trade and Economic Development (CTED).

Given every two years to students in grades six, eight, 10 and 12, the survey covers a variety of issues and provides the most comprehensive look at teen health attitudes and behaviors gathered in this state. More than 185,000 students were surveyed in Washington last fall, including approximately 30,000 in the state sample.

The results announced in April are the first round of data from the 2004 Healthy Youth Survey. Public and private agencies, in collaboration with participating schools and districts, will use the survey results in their efforts to improve the health and safety of children across the state.

A comprehensive analysis of the survey results and state-level data will be available through OSPI in June.

For more about alcohol and other drug and survey results, go to <http://www1.dshs.wa.gov/geninfo/healthyouth.html>.



Source: Washington State Healthy Youth Survey Contact: Linda Becker, DSHS Division of Alcohol & Substance Abuse, 360-725-3705

## Substance Use and Treatment Needs

### Latest Estimates in Washington State Now Available

By Felix I. Rodriguez, Ph.D.

A report released recently by the Division of Alcohol and Substance Abuse (DASA) estimates that one out of ten adults in households living in Washington State needs substance abuse treatment. The report reveals that the need for treatment among lower-income adults has increased from 10.8 percent in 1993-94 to 13.6 percent in 2003. The need for substance abuse treatment is highest among American Indian and Alaska Native (15.8 percent) and multi-racial adults (16.2 percent), while lowest among Asians (4.9 percent).

The report is based on the 2003 Washington State Needs Assessment Household Survey commissioned by DASA through a grant from the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (SAMHSA, CSAT). The survey, which aimed to estimate the prevalence of substance use and the need for substance abuse treatment among adult household residents in the state, interviewed 6,713 adults by phone from February 2003 to February 2004. Other key findings from the survey are:

- One in ten adults used an illicit substance during the past year.
- Three out of four adults used alcohol and one in four adults engaged in binge drinking during the past year.
- One out of five adults used tobacco during the past year.
- Lower-income pregnant women were twice as likely to use an illicit drug during the past year and were twice as likely to drink alcohol in the past month compared to higher-income pregnant women.
- The need for substance abuse treatment was three times higher among lower-income pregnant compared to higher-income pregnant women.
- The use of non-heroin prescription opiates, such as Oxycontin, has increased and represents a growing problem.
- Only one out of four adults eligible for DASA-funded treatment actually receives treatment.

The statewide report entitled *2003 Washington State Needs Assessment Survey* was prepared by David Mancuso, Ph.D., Michael Gilson, Ph.D., and Barbara Felver, M.E.S., M.P.A., of the Washington State Department of Social and Health Services Research and Data Analysis Division. This team also prepared a report for each of the 39 counties in Washington State. Reports may be obtained from the Washington State Alcohol/Drug Clearinghouse by calling 1-800-662-9111 or 206-725-9696 (within Seattle or outside Washington State), by writing to 6535 5th Place South, Seattle, Washington 98108-0243, or by e-mailing [clearinghouse@adhl.org](mailto:clearinghouse@adhl.org). Reports are also available online by visiting [www1.dshs.wa.gov/rda](http://www1.dshs.wa.gov/rda) or [www1.dshs.wa.gov/dasa/](http://www1.dshs.wa.gov/dasa/).



## subiyay (1944-2005)

By David H. Albert

Dear Brothers and Sisters –

Hear what I say! Today, I have gone with the people to celebrate the passage of *subiyay* (aka Gerald Bruce Miller) to the spirit world. I am here to share with you that while *subiyay* may be gone and our hearts are heavy, his breath is still here, as he promised us.

*subiyay* has for many years been the vi-dadad, the spiritual teacher, of the Skokomish Tribe. *subiyay* was born the last of 15 children on the Skokomish Reservation. He was born at a time when one could still look and see that the trees were many nations and races, and through the languages of these nations all gathered together, he heard the teachings of the tree people told in a language that was dying even as he was growing up.

Brothers and sisters, *subiyay* was a youth when there was still material to be gathered for the making of the baskets, which he learned from his elders who are also now gathered on the other side. From them, he learned uyayah – the medicine of the plant people. He learned the secrets of the inner bark of the alder tree, how it can be used as an anti-inflammatory, as a tonic to fight off streptococcal disease, and as a poultice to bring down the itching of a mosquito bite. He learned of the medicinal qualities of the salmonberry, of the mushrooms that grow on the willow, and of the huckleberry leaf and devil's club that can be used against diabetes, the disease that afflicted *subiyay* for the last 15 years of his life. All of these and more he resurrected and taught to the people, as they worked in his garden, stripped cedar bark, wove baskets together, or simply sat quietly by his fire. He worked to reclaim individuals and families wracked by alcohol and drug addiction and helped to bring them to wellness by finding ways for us all to appreciate who we really are.

*subiyay* went to schools where they took away Twana, his language and his culture, and he spent the better part of the rest of his life reclaiming them. He was open-hearted with people of all nations, many of whom came to him from all parts of the world with gifts of their woven rugs and mats and baskets to trade with those of his people.

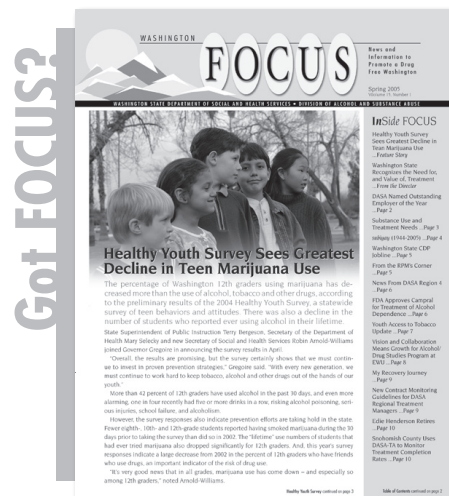
Brothers and sisters, *subiyay* fought in a war against people whom he came to understand were not his enemy and with whom he could later sit and share the gift of food and laughter. He became an actor and playwright and worked in New York with director Robert Wilson, actor Sam Shepard, composer Philip Glass, singer Bette Midler, and many others until the spirit of his ancestors called him home to make baskets



with his mother and his aunts, and to teach their making to the children and to the many who came to stay with him. And when he taught, he burned the sacred scents, for he had learned that when one smells the sacred scents, one remembers the teachings. He knew many dances, and the stories of the people, some of which would require several risings and settings of the sun to tell.

Brothers and sisters, *subiyay* taught whoever came to learn, for he understood that his immortality lay in the teachings he would leave behind, and in that way, become part of the history of the people. He did not look to the skin color of those who came. He treated rich and poor, as well as those quick of speech and slow of tongue, the same, for he taught there is no time for division. He was proudest of being a teacher of teachers, those who will pass it on. And so, though our hearts are heavy, we should not mourn, for *subiyay* has left behind many teachers.

Brothers and sisters, as we are gathered together today, many from afar and many from close by, seated by the woodstoves in the sacred smokehouse, we celebrate the beginning of *subiyay's* new journey with the four gifts: the gift of the drum, the sound of our mother's beating heart; the gift of song, given to us by the bird people, each of us with her own spirit song, and which allows us to express our hopes and convictions; the gift of dance, which allows us to tell the story of the people; and the gift of spoken language, and with it of memory, to carry the knowledge of the ancestors from the beginning of time and transport it into the future. So hear the beating of the drum, the singing of the songs, dance the journey of the people, and let us tell the tales of *subiyay's* life, and be mindful of his teachings.



To continue bringing you useful information in FOCUS, let us know what matters most to you, and the drug prevention and recovery news and successes happening in your community. Send your comments and information to Deb Schnellman at [schneda@dshs.wa.gov](mailto:schneda@dshs.wa.gov).

## Washington State CDP Jobline

By Sue Green

As we begin 2005, the Division of Alcohol and Substance Abuse (DASA) is acutely aware that our field is still facing difficulties in obtaining Chemical Dependency Professionals (CDPs) for their programs. The Alcohol and Drug Helpline (ADHL) JobLine is a valuable resource to meet some of these needs. You can access the site at [www.cdpcertification.org](http://www.cdpcertification.org).

DASA invites you to visit the ADHL JobLine. This is a free resource for Washington State CDPs, counselors in training, and employers looking for counselors. Since its inception, there have been over 730 jobs and 315 resumes listed. DASA would like to encourage those who have never visited the site or those who have not been there in a while to visit and use the site to assist in meeting the needs of filling CDP vacancies.

**There are four ways to use this site:**

1. Search Jobs: Search the extensive database for Washington State counselor jobs.
2. Post a Job: List a new job opportunity.
3. Search Resumes: Search for a Washington State counselor in your area.
4. Post a Resume: Post your resume online.

Jobs and resumes can be searched for the entire state or an individual county. This site includes specific provider jobs, as well as county and state level positions. This site also outlines what it takes to become a CDP. Chemical dependency treatment is a rewarding career where knowledgeable and skilled professionals provide quality care for their patients. Washington State is experiencing a counselor shortage and we want to encourage people to consider a career as a CDP. This is an exciting profession where you can truly help people overcome their addiction and put their life back together again. It is a challenging and rewarding way to build a career and to contribute to your community. The website is intended to help someone start that career.

If you have questions, please contact your local DASA Regional Administrator, or visit [www.cdpcertification.org](http://www.cdpcertification.org) for more information.



## From the RPM's Corner

By Steve Brown

As the Regional Prevention Manager for Region 5, I recently had the pleasure of attending the 8th Annual Alcohol and Other Drug Prevention Conference in Pierce County. The high energy conference was held at the University Place Presbyterian Church. The prevention conference allowed 31 schools to learn from speakers, share ideas, and develop

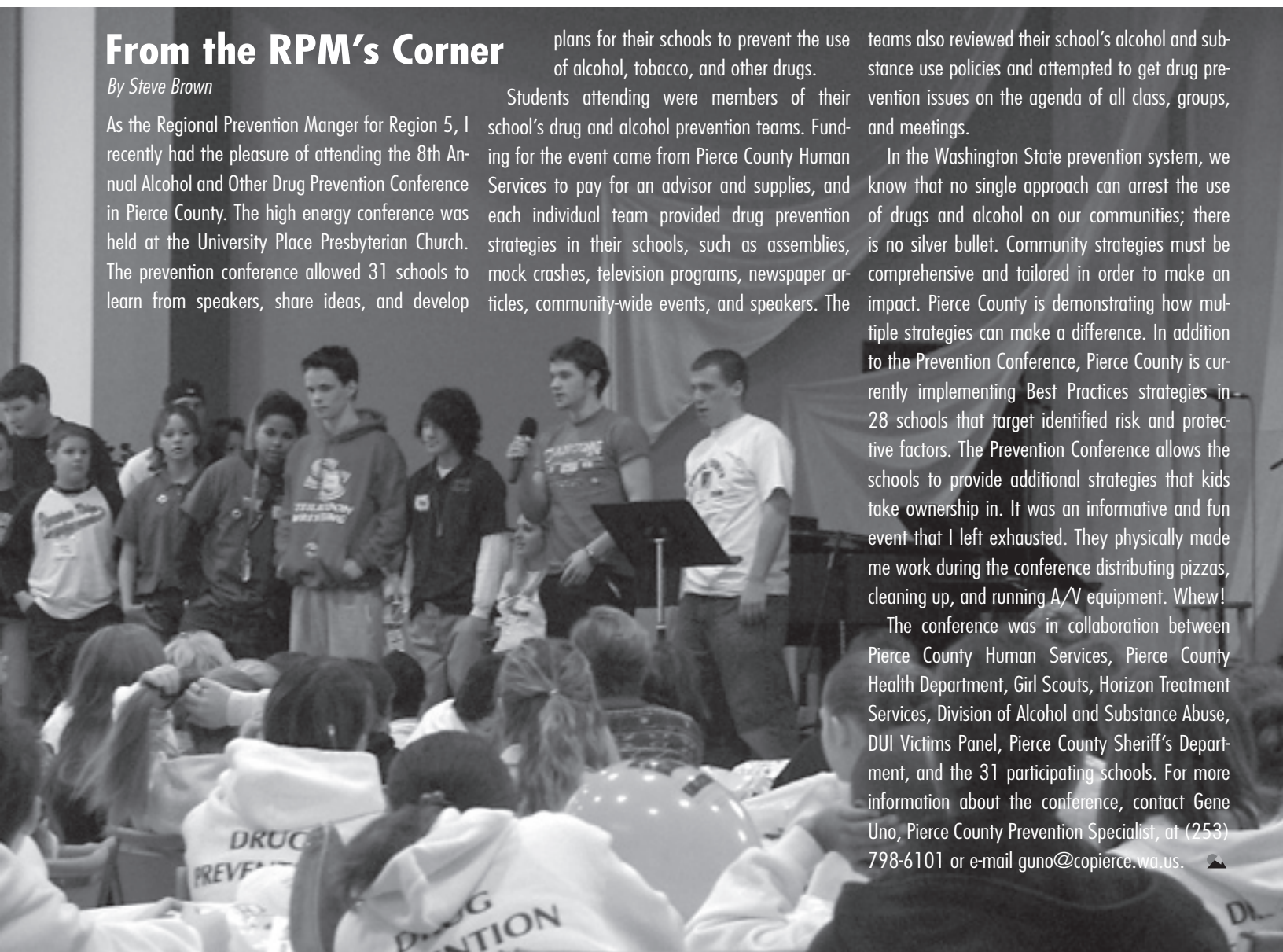
plans for their schools to prevent the use of alcohol, tobacco, and other drugs.

Students attending were members of their school's drug and alcohol prevention teams. Funding for the event came from Pierce County Human Services to pay for an advisor and supplies, and each individual team provided drug prevention strategies in their schools, such as assemblies, mock crashes, television programs, newspaper articles, community-wide events, and speakers. The

teams also reviewed their school's alcohol and substance use policies and attempted to get drug prevention issues on the agenda of all class, groups, and meetings.

In the Washington State prevention system, we know that no single approach can arrest the use of drugs and alcohol on our communities; there is no silver bullet. Community strategies must be comprehensive and tailored in order to make an impact. Pierce County is demonstrating how multiple strategies can make a difference. In addition to the Prevention Conference, Pierce County is currently implementing Best Practices strategies in 28 schools that target identified risk and protective factors. The Prevention Conference allows the schools to provide additional strategies that kids take ownership in. It was an informative and fun event that I left exhausted. They physically made me work during the conference distributing pizzas, cleaning up, and running A/V equipment. Whew!

The conference was in collaboration between Pierce County Human Services, Pierce County Health Department, Girl Scouts, Horizon Treatment Services, Division of Alcohol and Substance Abuse, DUI Victims Panel, Pierce County Sheriff's Department, and the 31 participating schools. For more information about the conference, contact Gene Uno, Pierce County Prevention Specialist, at (253) 798-6101 or e-mail [guno@copierce.wa.us](mailto:guno@copierce.wa.us).





## News From DASA Region 4

### Who does Region 4 Serve?

The Duwamish, Muckleshoot, and Snoqualmie Tribes; urban Indian programs; King County; and urban and rural communities rich in diversity and culture.

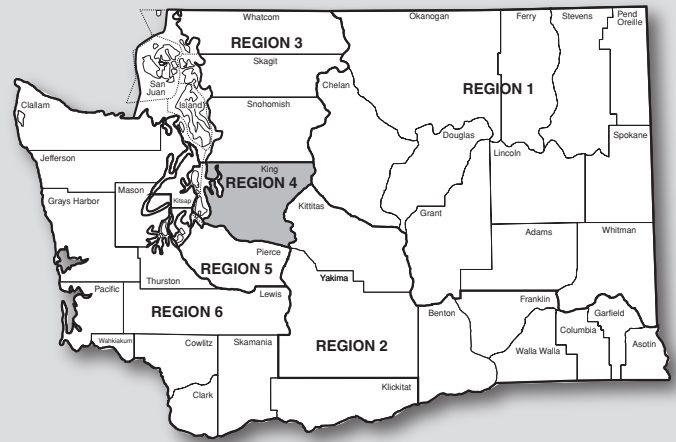
### Who are the DASA staff who serve Region 4?

**Harvey Funai** is the Region 4 Administrator. Because he has been in the chemical dependency field for so long (25 years), he now is referred to as a "seasoned" employee. His wife, Dayle, is an elementary school teacher and public employee.

They are survivors of twins, Zoe and Alex, who are twelve years old. Zoe is an accomplished flutist and plays defense on her soccer team. Alex is a math whiz and plays a soulful and jazzy saxophone. Harvey is still asking himself what he was possibly thinking of when he allowed his daughter to talk him into getting a black lab puppy, Cozmo, who is now one and a half years old. While Harvey grew up on a farm, Cozmo is a "city" dog and enjoys his doggy daycare and weekly adventure park excursion. He actually comes home with notes that state, by name, the other dogs he enjoyed playing with that day. Harvey enjoys gardening, fishing, reading *Sunset* magazine, and spending time with his family and friends.



**Bob Leonard**, Regional Treatment Manager, is in his ninth year of employment at DASA. Bob is a CDP with over 20 years experience in the chemical dependency profession. He has a broad range of experience that includes prevention, inpatient/outpatient community based treatment, local county, and state government services. He is married to Gwen and has two sons,



Brandon and Jordan. He is currently having a great time being an assistant coach on his son's basketball team. He has a tremendous passion for fishing and spending time with his family.

**Deb Schnellman**, Regional Prevention Manager, has been with DASA for 15 years. In addition to working with prevention professionals in King County to provide effective programs, Deb manages state-wide communications strategies such as publications, outreach to news media, and the Partnership for a Drug Free Washington media campaign. Deb and her husband, Jim, enjoy watching the wildlife that shares their backyard, nature walks, and playing sports with sons Conner (8) and Christopher (6), who teach them every day how to stay young-at-heart, and what really matters.



**Sabrina de la Fuente**, Region 4 Certification Specialist, has been with DASA just over a year. Sabrina came to DASA from the youth treatment arena

## FDA Approves Campral for Treatment of Alcohol Dependence

In July the FDA approved Campral® Delayed-Release Tablets for treating alcohol-dependent individuals seeking to continue to remain alcohol-free after they have stopped drinking. Campral is the first new drug approved for alcohol abuse in a decade.

While the mechanism of action is not fully understood, Campral is thought to act on the brain pathways related to alcohol abuse. Chronic alcohol exposure is hypothesized to alter the normal balance between neuron excitation and inhibition.

Campral has a structure similar to neurotransmitters in the brain (e.g. GABA and glutamate). These neurotransmitters act by sending inhibitory messages to the brain, and Campral is thought to act by enhancing their inhibitory effects. It is also

thought to oppose the action of certain amino-acids that send excitatory messages to the brain. As a result, there is a reduction in the desire or craving to consume alcohol, hence, its use with alcohol dependence.

It is reported that Campral has negligible side effects, inter-

actions with other medications, and does not produce physical or psychological dependence. It is not known to cause alcohol aversion and does not cause a purging reaction as a result of ethanol ingestion. To be most effective, Campral should be part of a

comprehensive management program that includes psychosocial support.

For more information, contact Kathie Roberts at 360-407-1079 or [roberkj@dshs.wa.gov](mailto:roberkj@dshs.wa.gov).

**Campral®**  
(acamprosate calcium)  
Delayed-Release Tablets



and has over 14 years of experience in the chemical dependency field. You may be familiar with Sabrina from her work in the past with the Washington State Adolescent Chemical Dependency Treatment Providers Association coordinating their annual Youth Treatment Conference aka Counselor Camp. Sabrina and her husband, David, celebrated the birth of their second child, Olivia, in January. Her seven year old son, Isaiah, is adapting to being a big brother. In her spare time, Sabrina enjoys spending time with her family, gardening, cooking, and listening to 80's hair bands. Sabrina will be celebrating 16 years of recovery in April. She feels it's truly a gift to be able to be involved in a field that has given so much to her and enriches other people's lives everyday.



**Alma Neuert**, Secretary Senior, joined Region 4 a few months ago and is our newest member. This is her first job with the state and she is looking forward to building a strong career while being of service to her coworkers and the community. She recently moved to the U.S. from Mexico. She enjoys Washington's foggy and rainy days. Her latest place of residence, Cabo, Mexico, only



receives an average of one day of rain per year. She's currently practicing her Spanish while teaching children between the ages of five and eleven. She and her husband, Darrell, are expecting their first child in July and are thrilled with the idea of becoming parents. She can be reached at 206-272 2190 or [neuerag@dshs.wa.gov](mailto:neuerag@dshs.wa.gov).

### What Were Some Important Events Over The Last Year?

- Achieved a 16 percent and 10 percent increase in outpatient and adult residential completion rates, respectively, comparing Target data for the 2001-2003 biennium to data for July through December 2004.
- 88 percent of the certified treatment facilities participated in the 2004 DASA Patient Satisfaction Survey.
- 75 percent of prevention programs funded through the County Community Services Contract are nationally recognized as a best practice or promising approach.
- Over 97 percent of all open records on patients were maintained in a timely manner in Target, DASA's treatment data system.
- Promoted diversity and continuum of prevention, intervention, treatment and aftercare in the Statewide Saying It Out Loud Conference; and, Region 3 and 4 Warm Beach Retreat.
- Four prevention and treatment success stories were featured in the DASA 2005 Calendar.



## New Staff in Regions 1 and 3

Julia Greeson has joined Region 1 as the Prevention Manager, replacing Shelli Young who will move to Region 3 in June. Julia was previously the Community Service Director and Health Educator for the Spokane Tribe of Indians. Julia brings to the job experience in prevention and health education activities, management, grant writing and management, and a great deal of energy and enthusiasm. Julia may be reached at (509) 329-3734 or [greesjr@dshs.wa.gov](mailto:greesjr@dshs.wa.gov).

Melinda Trujillo has joined Region 3 as a Treatment Manager, replacing Edie Henderson. Melinda has been in the field for 14 years providing residential and outpatient treatment to youth and adults. For the last seven years she has been the Youth Program Clinical Supervisor over chemical dependency and mental health at the Tulalip Tribe. She is a state licensed Chemical Dependency Professional. Melinda may be contacted at (360) 658-6862 or [trujims@dshs.wa.gov](mailto:trujims@dshs.wa.gov).

## Youth Access to Tobacco Update

### Background:

The Synar Amendment, requires each state to submit an annual report to the Secretary of the federal Department of Health and Human Services. Washington must meet a "tobacco sales to minors" non-compliance rate of less than 20 percent as measured through compliance checks at retail outlets. The regulation provides for the Center for Substance Abuse Prevention to withhold up to 40 percent of the SAPT block grant funds for treatment and prevention if we exceed that rate. The Division of Alcohol and Substance Abuse (DASA) works with two state partners: the Liquor Control Board provides technical assistance and enforcement follow-up for the local youth access checks and the Department of Health uses the information provided by compliance check providers to develop an overall state compliance rate.

### News:

Between February and December 2004, Synar compliance checks were implemented in each of Washington State's 39 counties and included more than 622 tobacco retailers across the state. Of that number, approximately 11.7 percent sold tobacco products to youth during the compliance checks.

Congratulations go to Adams County, where for the last two years, the compliance rate has been 100 percent. Other counties whose results were perfect this past year are Asotin, Garfield, Grays Harbor, Pacific, and Walla Walla. Thirteen cities in King County met that rate, resulting in an overall compliance rate of 92.8 percent for the largest county of the state.

Washington State received positive mention in a recent American Journal of Public Health (Feb. 2005, Vol. 95, No.2) article titled State Tobacco Control Spending and Youth Smoking: "...the state of Washington overwhelmingly adopted a 60-cent increase in the state cigarette excise tax, with a significant portion of the new revenues earmarked for a comprehensive state program."

### More to do:

We must not rest on these recent positive results. Ninety percent of current smokers began as teens. There is more that we can do. Community-based programs to change social norms, counter-marketing campaigns, and policy and regulation changes (clean indoor air) are just three of the ways that we can reduce the likelihood that youth will begin tobacco use.

For more information, please contact Pam Darby at 360-725-3720 or e-mail [darbyps@dshs.wa.gov](mailto:darbyps@dshs.wa.gov).



# Vision and Collaboration Means Growth for Alcohol/Drug Studies Program at EWU

By Irene Bittrick

The Alcohol/Drug Studies Program (ADST) in the School of Social Work and Human Services at Eastern Washington University has seen a continual increase in enrollment by offering multiple programs and by collaborating with other university programs. The program is directed by Irene Bittrick with assistance from Grace Creasman.

Eastern Washington University is located in the community of Cheney, just 20 miles southwest of Spokane, Washington. ADST is a multi-discipline program that provides university level, competency-based education valuable for students in all disciplines, particularly those students interested in substance abuse prevention and treatment certification, and careers in health, counseling, social work, education, and criminal justice.

The curriculum is currently being taught by 2 full-time and 14 adjunct faculty. Director Irene Bittrick enthusiastically stated, "I am extremely proud and honored to have such a knowledgeable, skilled, and caring faculty working with our students. They bring a variety of individual knowledge and professional expertise to the classroom and tremendous support to me, our students, and the program."

"I'm very proud to be involved with this program," said adjunct faculty member Mary Testa-Smith. "Alcohol/Drug Studies students receive an exceptional quality of education here. The scope of coursework is wide and deep, and the instructors all have extensive work experience in their course contents. The program is designed to prepare students to not only meet high academic standards, but to be a good fit for meeting the requirements for Chemical Dependency Professional or Prevention certification once the necessary field experience is gained. EWU's commitment to support this program's growth is unique, and one could even say, a most vital long-

term contribution to our communities."

Currently ADST is offering curriculum in a variety of 20 undergraduate and 5 graduate courses with more than half of the classes being taught two to five times per year. All classes are offered at least once a year evenings and weekends at the University's Spokane Center, with five courses being taught during the day at the Cheney campus. Enrollment in the classes range from 20 to 40 students generally.

ADST offers both a three course Foundation Certificate (10-12 credits) for students wanting to have some knowledge in substance abuse and a 32-credit Minor Certificate, which includes a two quarter practicum in treatment or prevention. They also offer of additional classes needed for certification in treatment and prevention in Washington State.

Ms. Bittrick explained, "Because we have been inundated with inquiries and requests from EWU students and persons from a six to seven state radius for a Bachelors degree in Addiction Studies, we have collaborated with the director of Interdisciplinary Studies to develop a BA degree with 49 credits from ADST as the major focus and 20 credits from Counseling, Education, and Developmental Psychology (CEDP) as the minor focus." This will allow students to not only attain their Bachelor's degree, but also to complete all classes needed for state certification. One of the students, John Cook, who has recently completed this BA degree stated, "I thought my first ADST class was to just be an elective for my Social Work degree, however, the ADST program found its way into my heart and now I have a degree in Addiction Studies also. Thank you Irene and ADST for everything."

Another collaborative effort with CEDP has given students the ability to seek an Interdisciplinary Studies Master of Science degree with Applied Psychology as the

major and ADST as the minor. While seeking this degree, the students are placed in a two-quarter practicum in the field and complete a full research project. Presently there are over 20 students seeking this degree.

New classes are being developed yearly to meet the needs of the community and profession. During the past year, a series of classes in each Suicide Prevention and Co-Occurring Disorders have been developed. ADST teamed with psychologist Paul Quinnett and faculty member Ben Camp to develop three classes in suicide prevention, using Dr. Quinnett's QPR curriculum. Dr. Quinnett is nationally renowned for his work in suicide risk assessment, management, and treatment.

Suicide Certificate (Undergraduate):

1. Suicide Risk Assessment and Management
2. Treatment Strategies for Suicidal Persons
3. Suicide Prevention

Co-Occurring Disorders Certificate (Graduate):

1. Advanced Pharmacology for Counselors
2. Screening and Assessment of Co-Occurring Disorders
3. Treating Co-Occurring Disorders
4. Best Practices in Substance Abuse and Mental Health Interventions

Upon completion of three classes in each area, students receive a Certificate from the ADST program. Two new upcoming classes offered are ADST596 Clinical Supervision (4 Credits) in Spring 2005 and ADST496 Treating Gambling Addiction (3 Credits) in Summer 2005.

Alcohol/Drug Studies and American Indian Studies are presently collaborating to develop a Minor to prepare Indian students to work in prevention and treatment with their own people. Future visions include collaborating with African American Studies and Chicano Studies to develop joint minors with substance abuse emphasis.

For further information on this article, please contact Irene Bittrick at [Ibittrick@cs.com](mailto:Ibittrick@cs.com).





## My Recovery Journey

By Bradley O. Guerrero

I was born on June 21, 1952, and grew up in Auburn. My parents separated when I was in the third grade. Both of my parents also came from broken homes. Our mother raised us, and we received public assistance through my graduation from Auburn High School in 1971.

Alcohol was prevalent in both of my parent's families, so it is no wonder that we have alcohol and drug problems in our families. I was thirteen years old when I first got intoxicated from using alcohol. Although alcohol made me sick, I continued to drink. I remember getting drunk in tenth grade with my brother and a neighbor. When we staggered home, our mother and her friends were drinking beer. She let us drink at home and on weekends, as long as we didn't go out in public. So my drinking career was beginning to take shape.

I tried marijuana when I was around fifteen years old, and went on to use Mescaline, LSD, PCP, Hash, Mushrooms, Speed, and anything else I could get my hands on to get high. If drugs weren't around, I would drink. My drinking continued after high school. I had easy access to alcohol while working at bars and restaurants. My only friends were bar people and on our time off, we traded bars to drink and drug at.

In 1978 I got my first DUI. I felt so

bad seeing my name in the papers on the Police reports that I went on the wagon. But it was only to last until I got done with the courts: after about 90 days I picked up where I left off. After my second DUI, I decided to go to treatment before the courts sent me there. With funding from ADATSA, I went to Thunderbird House in Seattle. When it came time to leave, I did not want to go because it was safe for me there. I found a Clean and Sober house to live in and did all that was asked of me by the court.

When I got out of Thunderbird, I went to a lot of AA Meetings. I enjoyed waking up with a clear head every morning. I got a job in the Muckelshoot Casino's maintenance department, earned a promotion, and stayed there for 19 months. I have held a variety of other jobs since then and have worked as a flagger for the last three years. I have maintained my recovery through difficult times, such as my parents passing away, and celebrated eight years in recovery on November 2.

Thanks to My Creator, I finally have a spiritual connection. I am so blessed on a daily basis that I try to always to put Him first in my life. All of my family enjoys me when I visit now, and I even have some great nieces and nephews who have never seen their great uncle drunk. What a blessing.

I truly hope someone who reads this is inspired to make a go of this way of life. God bless all who these words help and even the ones who don't make it to this level of their lives. 🙏



## New Contract Monitoring Guidelines for DASA Regional Treatment Managers

The Division of Alcohol and Substance Abuse's (DASA) Regional Treatment Managers (RTMs) will soon have new guidelines for completing contract monitoring and compliance reviews. The RTM Contract Monitoring Desk Manual was created in response to feedback from providers and DASA staff citing overlaps in on-site monitoring conducted by RTMs and staff from the DASA Certification Section.

The monitoring and compliance reviews will include only those services and provisions described in a contract's Statement of Work that are not monitored by the DASA Certification Section.

The following are other highlights of the new RTM review process:

- Unless the review is in response to an emergent situation requiring an immediate DASA response, providers will be notified a minimum of 30 days in advance of the review.
- Providers will be given advance copies of the questionnaires utilized by the RTMs to complete the review.
- Whenever possible, providers that have multiple service contracts (RSVP/Title XIX/TARGET, Pregnant Parenting Women, Group Care Enhancement, HIV/AIDS Substance Abuse, Youth, and Adult) will

have their reviews consolidated into one review visit.

- Review results will be returned to the provider no later than 10 days following the review.

The new tool is the product of a DASA internal workgroup. Primary members of that group are Stephen Bogan, Kim Bustos, Ella Hanks, Eric Larson, Bob Leonard, Ruth Leonard, and Mary Testa-Smith. Additional DASA staff, including Cyndi Beemer, Melissa Clarey, Fred Garcia, Sue Green, Terrie Orphey, and the DASA Regional Administrators, made recommendations to the workgroup.

For further information, contact Ella Hanks, DASA Region 2 Administrator, at 509-225-6196 or hanksem@dshs.wa.gov. 🙏

## Edie Henderson Retires

By Jill Cowan, DASA Certification Specialist

Edie Henderson retired from the Division of Alcohol and Substance Abuse in December. For the past three years, Edie worked as the Treatment Manager for DASA's Region 3 Office (Snohomish, Skagit, Whatcom, Island, and San Juan Counties). Edie managed contracts with residential treatment providers, and developed solid working relationships with the County Coordinators, Prevention Specialists, and treatment providers. Edie served on several committees including: The Washington Integration Management Project, the Regional Co-Occurring Steering Committee, and the Safe Babies Safe Moms Project.

In 1975, Edie began volunteering at the Dial-a-Bottle program, which later became the Alcohol/Drug 24-Hour Help Line. She went on to work at Southeast Community Alcohol and Drug Center and Cedar Hills Treatment Center as a Chemical Dependency Professional. Driven by a sense of passion and commitment to helping the "still suffering" alcoholic and addict, Edie has always taken a special interest in helping patients begin their path to recovery. "Being in recovery myself, I have really appreciated working with people and helping them find their path to recovery," said Edie. Edie has continually held steadfast to the traditional model of recovery and knew its value within the system of services she worked in.

Edie joined the DASA team in 1992 when she came to work for

the Referral and Monitoring Agency (RMA). The RMA provided assessment, referral, and monitoring services to a fairly chronic population of alcoholics and addicts. Edie always maintained faith in the possibility of recovery for any individual who she worked with, regardless of their denial and previous treatment experiences.

Throughout her career Edie has made many life-long friends. She maintains contact with many of the individuals who inspired and mentored her early on. Similarly, she has provided



training and mentoring to several CDPs who continue their endeavors, providing treatment and counseling services to individuals in need. Edie's passion and commitment to the field of chemical dependency and recovery has been expansive. Many individuals are in recovery today because of Edie's help.

Anyone who has met or knows Edie is aware of her exuberant energy and fun fashion sense. She has always thrived on keeping busy and maintaining a full schedule of activities, including travel, attending meetings, participating in political events, and supporting heart-felt causes, such as the Susan G. Komen Foundation. Edie is an active member of the Seattle Irish Club, where she has been a board member in past years. She is currently busy coordinating vendors for this year's Irish Week celebration and festivities.

In her retirement, Edie plans to spend more time with her family and their dog, Cheney (a large Yorkie Terrier). "My career has been really enjoyable," states Edie. From those of us at DASA, we say "thank you for your contribution to the field." 🐾

## Snohomish County Uses DASA-TA to Monitor Treatment Completion Rates

By Cammy Hart-Anderson, Snohomish County Coordinator

The DASA-TA has been a critical part in motivating our treatment agencies to monitor their own treatment completion rates routinely. When Deborah Brown was monitoring adult outpatient programs last fall, she used reports from the DASA-TA to show each agency their own treatment completion rate in comparison to the overall county treatment completion rate, as well as the state outpatient completion rates. This has motivated Executive Directors to monitor their own agency's treatment completion rates on a regular basis.

In addition, we routinely bring reports from the DASA-TA to our monthly Agency Partnership meeting. This allows agencies to see where they stand in relationship to each other, as well as the rest of the state. In doing this, the Executive Directors are beginning to see how valuable the DASA-TA can be in grant applications, quarterly reports, internal quality assurance activities, etc.

Besides using the DASA-TA for monitoring and quality assurance activities, we have also used it in the county "Priorities of Government" budget process and for advisory board presentations. The graph capabilities are useful in simplifying information and presenting numbers in a way that isn't quite so "dry!"

### What is the DASA-TA?

The DASA-TA is a user-friendly system that generates reports about treatment outcomes at the state, county, and provider levels. This web-based system is designed to be used by directors of publicly-funded chemical dependency treatment programs, county coordinators, and other persons responsible for using outcome data to manage publicly-funded programs, improve program quality, develop policy, and enhance planning efforts. To learn more about the DASA-TA or to become a registered user, go to [www.DASA-TA.com](http://www.DASA-TA.com). All directors of publicly-funded chemical dependency treatment agencies (or their designees), county coordinators, and DASA staff are eligible to register. Others who wish to register should make the request by contacting Toni Krupski at [krupstk@dshs.wa.gov](mailto:krupstk@dshs.wa.gov) or Fritz Wrede at [wredefa@dshs.wa.gov](mailto:wredefa@dshs.wa.gov). 🐾

**How do you use the DASA-TA? We'd love to hear from you! The best responses will be published in future Focus newsletters. Please send your responses to Toni Krupski at [krupstk@dshs.wa.gov](mailto:krupstk@dshs.wa.gov) or fax to 360-407-1044.**

# Washington State Screening, Brief Intervention, Referral and Treatment Offered in Eastern Washington

By Dennis W. Malmer, Project Manager

Yakima Regional Medical and Heart Center and Toppenish Community Hospital began screening patients as part of the Washington State Screening, Brief Intervention, Referral, and Treatment (WASBIRT) Program in Yakima County on January 11, 2005. Yakima Regional and Toppenish Community Hospital joined Harborview Medical Center in Seattle, Providence Everett Medical Center, Southwest Washington Medical Center in Vancouver, and Tacoma General Hospital providing WASBIRT services.

Despite initial delays in some WASBIRT communities, we are pleased that WASBIRT has now been fully implemented and a number of patients are receiving brief interventions, and referrals for brief therapy and chemical dependency treatment.

In other news, representatives of the Office of National Drug Control Policy (ONDCP) scheduled a meeting at Harborview Medical Center and Providence Everett Medical Center on Wednesday, February 23, 2005. ONDCP representatives met with the Division of Alcohol and Substance Abuse (DASA) and medical center professional staff members implementing WASBIRT at their medical centers. The meeting was a follow-up to ONDCP

Director John P. Walters' site visit to the WASBIRT Program in July 2004, evaluating implementation of screening and brief intervention in hospital emergency departments and trauma units. In that meeting, Director Walters said, "Screening and brief interventions are one of the most promising areas of early intervention and prevention and have historically been underfunded. We are interested in looking at expanding intervention as we consider the 2005 budget."

Subsequently, on February 10, 2005, Director Walters testified before the House Government Reform Committee on President George W. Bush's FY 2006 federal drug budget. Director Walters said, "The first priority of the National Drug Control Strategy is stopping drug use before it starts. Robust efforts involving community action and public education are central to an effective drug control program. A new approach holds much promise, using the reach of physicians to identify problems as early as possible. This approach, known as Screening, Brief Intervention, Referral and Treatment (SBIRT) — and more informally as "Screen and Intervene" — is being fielded in medical facilities from ma-

for city hospital emergency rooms to rural health clinics. The SBIRT approach places drug screening resources where the users are likely to be. In an SBIRT setting, for instance, a motorist involved in an accident may be asked about his drug use history before discharge, and this screening, in turn, may unearth a developing drug use problem. The Strategy encourages such SBIRT efforts, and so the President's fiscal year 2006 budget includes \$30.8 million for SBIRT."

We are pleased that SBIRT services are receiving state and national attention, based upon the many positive outcomes we are beginning to see in Washington State. WASBIRT has enrolled over 8,500 patients in services during its first ten months of operation. The WASBIRT Program is a federally-funded, cooperative agreement between the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, and the state of Washington.

If you have any questions about WASBIRT, please contact Dennis Malmer at (360) 438-8086, or toll free at 1-877-301-4557, or by e-mail to [malmedw@dshs.wa.gov](mailto:malmedw@dshs.wa.gov).

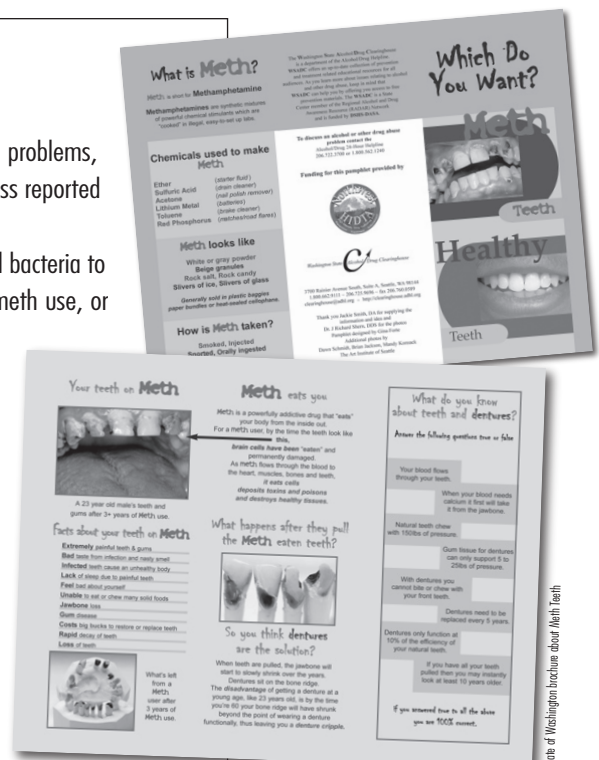
## Meth Use Causes Dental Devastation

Reprinted from *Join Together Online*

The increase in methamphetamine use in the U.S. is being accompanied by a rash of dental problems, with many users suffering from rotten teeth as the result of their addiction, the Associated Press reported on February 5.

The chemicals in meth cause a reduction in saliva production, which in turn allows acids and bacteria to attack the teeth and gums. Some users also grind their teeth due to anxiety brought on by meth use, or use sweet drinks to moisten their mouths, further speeding decay.

Even users like Jeffery Lotshaw, who repeatedly brushed and flossed his teeth daily, have seen their teeth break, fall apart, and get tarnished yellow and black. "Before I started doing meth, I didn't have a cavity in my head," said Lotshaw, imprisoned on drug charges in Missouri. Lotshaw has been drug-free for more than five months, but there's no denying what is to blame for his empty mouth as he waits for dentures at the age of 33. "It reminds me a lot of my addiction," he said. Prisons in particular have struggled to cope with "meth mouth." "They're rotting teeth, missing teeth, rotting way into the gums," said Kathy Bachmeier, head of prison medical services in North Dakota. "It's ugly." In Minnesota, the head of the company in charge of dental care for Missouri inmates says he is seeing teeth rotted by meth use nearly every day. The cost of providing dental care to prisoners in Minnesota has risen from \$1.2 million five years ago to about \$2 million last year.



Contact the Washington State Alcohol/Drug Clearinghouse at [clearinghouse.adhl.org](http://clearinghouse.adhl.org), 800-6662-9111, or 206-725-9696 to order copies of the brochure *Meth Teeth*.



# Upcoming Education and Awareness Events: June – August



JUNE '05

SUMMER DRINKING AWARENESS KIT  
[www.ncadd.org/programs/awareness/summer.html](http://www.ncadd.org/programs/awareness/summer.html)

- 2-28 Gambling Addiction Treatment Trainings, contact Kimberly Stephens, (877) 301-4557 for locations and dates
- 3, 10, and 17 CLINICAL SUPERVISION, Tacoma, Washington  
 Contact: DASA Training Section at (877) 301-4557 or the Northwest Frontier Addiction Technology Transfer Center at (503) 373-1322
- 4, 11, and 25 PREPARING FOR THE CHEMICAL DEPENDENCY PROFESSIONAL (CDP) CERTIFICATION EXAM, Spokane, Washington  
 Contact: DASA Training Section at (877) 301-4557
- 7 INTEGRATING NICOTINE TREATMENT INTO ADULT CHEMICAL DEPENDENCY TREATMENT PLANNING, Yakima, Washington  
 Contact: DASA Training Section at (877) 301-4557
- 8 INTEGRATING NICOTINE TREATMENT INTO ADOLESCENT CHEMICAL DEPENDENCY TREATMENT PLANNING, Yakima, Washington  
 Contact: DASA Training Section at (877) 301-4557

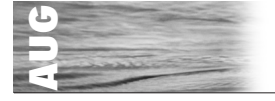
JUNE CONTINUED

- 13 INTEGRATING NICOTINE TREATMENT INTO ADULT CHEMICAL DEPENDENCY TREATMENT PLANNING, Everett, Washington  
 Contact: DASA Training Section at (877) 301-4557
- 14 INTEGRATING NICOTINE TREATMENT INTO ADULT CHEMICAL DEPENDENCY TREATMENT PLANNING, Spokane, Washington  
 Contact: DASA Training Section at (877) 301-4557
- 15 INTEGRATING NICOTINE TREATMENT INTO ADOLESCENT CHEMICAL DEPENDENCY TREATMENT PLANNING, Spokane, Washington  
 Contact: DASA Training Section at (877) 301-4557
- 16 INTEGRATING NICOTINE TREATMENT INTO ADOLESCENT CHEMICAL DEPENDENCY TREATMENT PLANNING, Everett, Washington  
 Contact: DASA Training Section at (877) 301-4557
- 22 INTEGRATING NICOTINE TREATMENT INTO ADOLESCENT CHEMICAL DEPENDENCY TREATMENT PLANNING, Longview, Washington  
 Contact: DASA Training Section at (877) 301-4557
- 20-24 INSTITUTE ON ADDICTIONS TREATMENT, Seattle Pacific University  
 Contact: DASA Training Section at (877) 301-4557



JULY '05

- 11-15 LEADERSHIP INSTITUTE  
 Snoqualmie Pass, Washington  
 Contact: DASA Training Section at (877) 301-4557



AUGUST '05

- 1 DASA REGION 1 COUNSELOR ACADEMY  
 Contact: Ray Antonsen, (509) 329-3733
- 2 NATIONAL NIGHT OUT  
 Contact: National Association of Town Watch, Website: [www.natw.org](http://www.natw.org)
- 24-26 MERRILL SCOTT SYMPOSIUM ON ALCOHOLISM & OTHER DRUG ADDICTIONS  
 Yakima Convention Center.  
 Contact: Sundown M Ranch, 1-800-326-7444 or (509) 457-0990

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 at [www1.dshs.wa.gov/dasa](http://www1.dshs.wa.gov/dasa)  
 (click on "What's New")**

**For more information or to register  
 for trainings, contact DASA's Training  
 Section at 1-877-301-4557**



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